

AN ACT

IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

Be it enacted, etc., as follows:

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

BIRTH

recorded in the books of the City of Southborough Mass.
(City or Town.)
during the month of Feb. 1894.

1. Date of Birth, . . .	<u>February 22, 1893.</u>
2. Full Name of Child,	<u>Jennison</u>
3. Color,	<u>W.</u>
4. Sex (and if twin or illegitimate),	<u>M</u>
5. Place of Birth, . . .	<u>Southborough Mass.</u>
6. Name of Father, . .	<u>Walter</u>
7. Residence,	<u>Southborough Mass.</u>
8. Occupation,	<u>Shoemaker</u>
9. Birthplace,	<u>Southborough Mass.</u>
10. Name of Mother, . .	<u>Alice</u>
(Maiden name,) . . .	<u>Hours</u>
11. Residence,	<u>Southborough Mass.</u>
12. Birthplace,	<u>Attleborough Mass.</u>

I certify that the foregoing is a true copy.

Attest:

J. B. Murphy
Clerk

Feb. 9, 1894.

(City or Town.)

Clerk

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SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

BIRTH

recorded in the books of the City of Marlborough Mass.
(City or Town.)
during the month of Feb. 1894.

1. Date of Birth, . . .	<u>July 20, 1893</u>
2. Full Name of Child,	<u>Barnes</u>
3. Color,	<u>W.</u>
4. Sex (and if twin or illegitimate),	<u>M</u>
5. Place of Birth, . . .	<u>Southborough Mass.</u>
6. Name of Father, . .	<u>Webster</u>
7. Residence,	<u>Southborough Mass.</u>
8. Occupation,	<u>Blacksmith</u>
9. Birthplace,	<u>Reading Mass.</u>
10. Name of Mother, . .	<u>Bertina</u>
(Maiden name,) . . .	<u>Lyde</u>
11. Residence,	<u>Southborough Mass.</u>
12. Birthplace,	<u>Southborough Mass.</u>

I certify that the foregoing is a true copy.

Attest:

P. P. Murphy
Clerk.

Feb. 9 1894.

(City or Town.)

Commonwealth of Massachusetts.

Date of Birth, _____

1894

Sex, _____

Color (if other than white), _____

Name (if named), _____

Place of Birth, No. _____

Street

Name of Father, _____

Name of Mother, _____

Maiden Name of Mother, _____

Residence of Parents, No. _____

Street

Occupation of Father, _____

Birthplace of Father, _____

Birthplace of Mother, _____

(Signature), _____

Dr. B. H. Arvey

Physician.

Commonwealth of Massachusetts.

✓ Date of Birth, July 3 1894.

Sex, Male

Color (if other than white), _____

Name (if named), _____

Place of Birth, No. Southville Street

Name of Father, John J. O'Brien

Name of Mother, _____

Maiden Name of Mother, Maud O'Leary

Residence of Parents, No. _____ Street

Occupation of Father, Boot shop

Birthplace of Father, Southville

Birthplace of Mother, N. Medway

(Signature),

Edwin A. Clarke

Physician.

Commonwealth of Massachusetts.

Date of Birth, *July twenty eighth* 189*4*

Sex, *Female*

Color (if other than white),

Name (if named),

Place of Birth, No. *Southboro, Mass.* Street

Name of Father, *William G. Stivers*

Name of Mother, *Anna B. Stivers*

Maiden Name of Mother, *Anna Benfeman*

Residence of Parents, No. *Southboro* Street

Occupation of Father, *Cordwainer*


Birthplace of Father, *Novo Scotia*

Birthplace of Mother, *Novo Scotia*

(Signature),

Dr. S. Braden

Physician.

1 PLACE OF BIRTH		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(CITY OR TOWN MAKING THIS RETURN)	
1 { <u>Worcester</u> (COUNTY) <u>Southborough</u> (CITY OR TOWN)				Registered No. _____ Deposition No. _____	
NO. _____ STREET _____ WARD _____				(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD <u>Helen Louise Burness.</u>					
3 Sex <u>Female</u> 3a Color _____	4 If plural Births _____ (a) Twin, triplet or other _____ (b) Number, in order of birth _____	5 Born ALIVE or STILLBORN <u>alive</u>	6 Date of Birth <u>December 30, 1894</u> (MONTH) (DAY) (YEAR)		
7 FATHER FULL NAME <u>Joseph C. Burness</u>			13 MOTHER MAIDEN NAME <u>Amy H. French</u> PRESENT NAME _____		
8 RESIDENCE, NO. _____ STREET _____ (AT TIME BIRTH OCCURRED) CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>			14 RESIDENCE, NO. _____ STREET _____ (AT TIME BIRTH OCCURRED) CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>		
9 COLOR OR RACE <u>Wh. white</u>		10 AGE AT LAST BIRTHDAY <u>27</u> (YEARS)			
11 PLACE OF BIRTH <u>Worcester, Mass.</u> (CITY OR TOWN) (STATE OR COUNTRY)		15 COLOR OR RACE <u>white Wh</u>			
12 OCCUPATION <u>Blacksmith</u>		16 AGE AT LAST BIRTHDAY <u>32</u> (YEARS)			
13 PLACE OF BIRTH <u>Boston, Mass.</u> (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH <u>Boston, Mass.</u> (CITY OR TOWN) (STATE OR COUNTRY)			
14 RESIDENCE, NO. _____ STREET _____ (AT TIME BIRTH OCCURRED) CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>		18 OCCUPATION <u>at home</u>			
19 Attendant at birth or informant _____ (If there was no physician or attendant, draw line through "attendant at birth or") Address No. _____ St. _____ (City or town)					
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth _____ (Month) <u>July</u> <u>25</u> (Day) <u>1940</u> (Year)					
21 Deponent Name _____ City or town _____ <u>Eleanor A. Burness, Grandmother</u> <u>Marlboro, Mass.</u>		22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13. Attest: <u>G. T. Farber</u> REGISTRAR (City or town)			
SEE REVERSE SIDE FOR AFFIDAVIT					

MARGIN RESERVED FOR BINDING

... An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case ... or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth ... not previously recorded. . . EXTRACT FROM GEN. LAWS, CHAP. 46, SEC. 13.

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }

COUNTY OF Worcester } ss.:

Eleanor A. Burness

being duly sworn, deposes and says that he resides at

Marlboro, Mass.

that deponent has knowledge of the birth of Helen Louise Burness

named on the reverse side of this blank, that she is the person who furnished the facts on the reverse side of

this blank, mailed or delivered on July 25, 1910 to the office of the Town Clerk
(City or town clerk or registrar)

of the Town of Southborough The Commonwealth of Massachusetts.
(City or town) (Name of city or town)

Further, That the reason for not making the return of the birth within the interval prescribed by law was as follows: not known

The written evidence submitted to substantiate the affidavit was:

I am acquainted with the birth of Helen L. Burness.

I was present soon after and from time to time for a year.

(Signed)

Sworn to and subscribed before me,

this day of , 19

Eleanor A. Burness
(City or town clerk, assistant clerk, or registrar)

NOTICE

Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at the time by a person charged with making the return in the first instance, or a church, Bible, or family record.
5. The affidavit should be made by the attending physician, father, mother, or by some person old enough at the time to recall the event sought to be recorded, or by some person having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the name that would have been given at the time, had the birth been recorded.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. In setting forth the reasons why the return was not made within the interval prescribed by law, it should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE SECRETARY OF THE COMMONWEALTH AT ONCE

✓
FILL EVERY BLANK.

Date of Birth

Feb. 11

1895

Name of Child

Catherine McNeal

Color, if other than white

White

Sex

Female

Condition,
Twin, Illegitimate, Etc. }

Normal

Place of Birth,
Other than Marlborough, }

Southboro

Name of Father

Michael J. McNeal

Maiden name of Mother

McIsaac

Residence of Parents,
Street and Number }

Southboro

Occupation of Father,

Farmer

*Place of Birth of Father,

N.S.

*Place of Birth of Mother

N.S.

*If in the United States, what town.

Signature of person
making return }

M. E. Cony & Co.

Marlboro

FILL EVERY BLANK.

Date of Birth

March 5 1895

Name of Child

Color, if other than white

White -

Sex

Male -

Condition,

Legitimate, Illegitimate, Etc. }

Normal

Place of Birth,

If other than Marlborough, }

Southboro

Name of Father

Edwin J. Smith -

Maiden name of Mother

Bullenden

Residence of Parents,

Street and Number }

Southboro

Occupation of Father,

Gardener

*Place of Birth of Father,

Scotland

*Place of Birth of Mother

Scotland

*If in the United States, what town.

Signature of person
making return }

W. H. E. Smith -
Marlboro

✓
FILL EVERY BLANK.

Date of Birth

July 23 1895

Name of Child

Color, if other than white

White -

Sex

Male

Condition,
Twin, Illegitimate, Etc. }

Normal

Place of Birth,
If other than Marlborough, }

Southboro
~~Marlboro~~

Name of Father

Lawrence D. Fries

Maiden name of Mother

Moran

Residence of Parents, }
Street and Number }

Southboro

Occupation of Father,

Farmer

*Place of Birth of Father,

Ireland

*Place of Birth of Mother

Ireland

*If in the United States, what town.

Signature of person }
making return }

W. H. E. Smyth -
Marlboro

AN ACT

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Be it enacted, etc., as follows:

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

BIRTH

recorded in the books of the City of Boston
(City or Town)
during the month of year 1895.

1. Date of Birth, . . .	<u>October 2, 1895</u>
2. Full Name of Child,	<u>Herry Purkitt Kidder</u>
3. Color,	<u>white</u>
4. Sex (and if twin or illegitimate),	<u>male</u>
5. Place of Birth, . . .	<u>Boston</u> <u>120 Beacon St.</u>
6. Name of Father, . .	<u>Charles A.</u>
7. Residence,	<u>Southboro</u>
8. Occupation,	<u>—</u>
9. Birthplace,	<u>Boston</u>
10. Name of Mother, . .	<u>Josephine (Bennett)</u>
(Maiden name,) . . .	
11. Residence,	<u>Southboro</u>
12. Birthplace,	<u>Boston</u>

I certify that the foregoing is a true copy.

Attest:

189 .

James O. Fallon
Am City Reg Clerk.
(City or Town.)

✓
FILL EVERY BLANK.

Date of Birth

Jan. 18 1895

Name of Child

Color, if other than white

White

Sex

Male

Condition,
Twin, Illegitimate, Etc. }

Normal

Place of Birth,
If other than Marlborough, }

Saukboro

Name of Father

John Krieg

Maiden Name of Mother

McLaughlin

Residence of Parents, }
Street and Number }

Saukboro

Occupation of Father

Laborer

*Place of Birth of Father

Canada

*Place of Birth of Mother

Canada

*If in the United States, what town.

Signature of Person }
making return }

W. H. E. Smyth

Marlboro

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD
 N.B. This form is not necessary in the return of births received prior to the last day
 for transmittal of annual returns to this office.

25M.(c)-1-44-13634

1 PLACE OF BIRTH Worcester (COUNTY) Southboro (CITY OR TOWN)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS DELAYED RETURN OF BIRTH		Southborough (CITY OR TOWN MAKING THIS RETURN) Registered No. _____ Deposition No. _____	
NO. _____		STREET _____		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Katherine Lennon					
3 Sex F		4 If plural Births { (a) Twin, triplet or other _____		5 Born ALIVE or STILLBORN Alive	
3a Color W		(b) Number, in order of birth _____		6 Date of Birth December 16, 1895 (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME Cornelius Lennon			13 MOTHER MAIDEN NAME Mary Lynch PRESENT NAME Mary Lennon		
8 RESIDENCE, NO. _____ STREET _____ (AT TIME BIRTH OCCURRED) CITY OR TOWN Southborough STATE Mass.			14 RESIDENCE, NO. _____ STREET _____ (AT TIME BIRTH OCCURRED) CITY OR TOWN Southborough STATE Mass.		
9 COLOR OR RACE White		10 AGE AT TIME OF BIRTH 42 (YEARS)		15 COLOR OR RACE White	
11 PLACE OF BIRTH Co. Leitram, Ireland. (CITY OR TOWN) (STATE OR COUNTRY)		16 AGE AT TIME OF BIRTH 32 (YEARS)		17 PLACE OF BIRTH Tewksbury, Mass. (CITY OR TOWN) (STATE OR COUNTRY)	
12 OCCUPATION Labor Foreman (AT TIME OF BIRTH)			18 OCCUPATION Housewife (AT TIME OF BIRTH)		
19 Attendant at birth or informant Unknown (If there was no physician or attendant, draw line through "attendant at birth or") Address No. _____ St. _____ (CITY OR TOWN)					
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth (MONTH) (DAY) (YEAR)					
21 Deponent Name Margaret Lennon Donohue, Aunt 259 South st. Lowell, Mass.		Relation to child		22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13. Attest: Frances S. Rabecki Southborough (CITY OR TOWN)	

SEE REVERSE SIDE FOR AFFIDAVIT

... An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case . . . or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth . . . not previously recorded. . . Extract from Gen. Laws, Chap. 46, Sec. 13.

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }
COUNTY OF *Middlesex* }

ss.:

Margaret Donohue

being duly sworn, deposes and says that *S* he resides at *259 South St.,*
Lowell, Mass.

that deponent has knowledge of the birth of *Katherine Lennon*
named on the reverse side of this blank.

Further, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was *Margaret Lennon Donohue*

written in Prayer Book

(Deponents Signature) *X*

Sworn to and subscribed before me,

this *9* day of *October*, 19*53*

William H. Sullivan
(City or town clerk, assistant clerk, or registrar)
of Lowell, Mass.

NOTICE

Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at or near the time of birth by a person charged with making the return in the first instance, such as a Bible, or family record or a church record made within 40 days after birth, or if not available the first school record.
5. The affidavit should be made by the attending physician, father, mother, or if not available by some person old enough at the time to recall the event sought to be recorded, having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the same name that was given at the time.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. It should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE
SECRETARY OF THE COMMONWEALTH AT ONCE

AN ACT

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SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

BIRTH

recorded in the books of the Town of Milbury

(City or Town.)

during the month of February 1896.

1. Date of Birth, . . .

February 11 1895

2. Full Name of Child,

Catherine Ann McNeil

3. Color, . . .

4. Sex (and if twin or illegitimate),

F

5. Place of Birth, . . .

Southboro.

6. Name of Father, . .

Michael J

7. Residence, . . .

Southboro.

8. Occupation, . . .

Laborer

9. Birthplace, . . .

Ireland

10. Name of Mother, . .

Marguerite

(Maiden name,) . .

Mc Isaac

11. Residence, . . .

Southboro

12. Birthplace, . . .

Ireland

I certify that the foregoing is a true copy.

Attest:

Ira N. Goddard

Tom

Clerk.

(City or Town.)

Copy 11 1896.

Commonwealth of Massachusetts.

Date of Birth, *January 3^d* 189*6*.

Sex, *Female*

Color (if other than white),

Name (if named),

Place of Birth, No. *Fayville* Street

Name of Father, *Jacob Bruy*

Name of Mother, *Eunaida Bruy*

Maiden Name of Mother,

Residence of Parents, No. *Fayville* Street

Occupation of Father, *Laborn*

Birthplace of Father, *Italy.*

Birthplace of Mother, *Italy.*

(Signature),

Euro H. Bagelow

Physician.

Commonwealth of Massachusetts.

Date of Birth, *June 19th* 1896.

Sex, *Female*.

Color (if other than white),

Name (if named),

Place of Birth, No. *Fayville* Street

Name of Father, *Joseph Percholi*

Name of Mother, *Domenica Percholi*

Maiden Name of Mother, *Domenica Monici*

Residence of Parents, No. *Fayville* Street

Occupation of Father, *Laborer*

Birthplace of Father, *Italy*

Birthplace of Mother, *Italy*

(Signature),

Fayville. Curtis Bigelow

Physician.

1896

Commonwealth of Massachusetts.

RETURN OF A BIRTH.

No.

1. Date of Birth, . . . July 31st 1896
2. Full Name of Child, . . .
3. Color, * . . . #
4. Sex, (and if twin or illegitimate,) female
5. Place of Birth, . . . Southboro. Mass.
6. Name of Father, . . . Joseph Raymond
7. Residence, . . . Southboro.
8. Occupation, . . . Wool washer
9. Birthplace, . . . Scanzio, P. Q. (Ca)
10. Name of Mother, . . . Georgianna
- (Maiden Name,) . . . *
11. Residence, . . . Southboro (Southville, P. Q.)
12. Birthplace, . . . Province Quebec Ca.

Dated at Ashland, Aug 2nd 1896

Charles C. Peirce, M.D.

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Oct. 1892. — 5,000.

I am not obliged to give maiden name

✓
Commonwealth of Massachusetts.

Date of Birth, August 20 189 6

Sex, Female

Color (if other than white),

Name (if named),

Place of Birth, No. Street

Name of Father, Benj. H. Clemens

Name of Mother, Cornelia R. "

Maiden Name of Mother, " Hayward

Residence of Parents, No. Street

Occupation of Father, Farmer

Birthplace of Father, Hiram Maine

Birthplace of Mother, Schowhegan "

(Signature),

Frank H. Patch

Physician.

✓ Southville Mrs Volade

Baby boy Born October 30th 1896
.. .. Name Edward

Father's Name James O'Brien

Born Southville Mass.

Mother's Name Maggie (Varley)
O'Brien

Born Nova Scotia

Father's age 27

Mother's age 28

Father's, Father's Name

William O'Brien

Mother's Mother's Name

Margaret O'Brien

Mother's Father's Name

Patrick Varley

Mother's Mother's Name

Mary Ann Varley

Mrs Valade

Commonwealth of Massachusetts.

Date of Birth, *Nov. 3rd* 189 *6*

Sex, *Male*

Color (if other than white), *White*

Name (if named), *John Martin*

Place of Birth, No. *Southville Mass* Street

Name of Father, *Thos. Martin*

Name of Mother, *Annie Martin*

Maiden Name of Mother, *Annie Collins*

Residence of Parents, No. *Southville* Street

Occupation of Father, *Labour*

Birthplace of Father, *Ireland*

Birthplace of Mother, *Ireland*

(Signature),

R. M. Raymond, M.D.

Physician.

RETURN OF A BIRTH.

No. _____

1. Date of Birth, . . . Nov 15th 1896,
2. Full Name of Child, . _____
3. Color, * ~~Male~~ Female
4. Sex, (and if twin or illegitimate,) ~~Male~~
5. Place of Birth, . . . Southboro, Mass.
6. Name of Father, . . . Geo. Frank McDonald,
7. Residence, . . . Southboro,
8. Occupation, . . . Blacksmith.
9. Birthplace, . . . Windsor, N.S.
10. Name of Mother, . . . Christine M.
(Maiden Name,) . *
11. Residence, . . . Southboro,
12. Birthplace, . . . Furo, Nor.

Dated at Southboro, Dec 1st 18 96

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Oct. 1892. — 5,000.

* I am not obliged to give the maiden name.

Commonwealth of Massachusetts.

Date of Birth, *November 21* 189*6*

Sex, *Male*

Color (if other than white),

Name (if named), *Edward Connors*

Place of Birth, No. *Southboro* Street

Name of Father, *John Connors*

Name of Mother, *Mary Connors*

Maiden Name of Mother, *Mary MacKelle*

Residence of Parents, No. *Southboro* Street

Occupation of Father, *Superintendent*

Birthplace of Father, *Vermont*

Birthplace of Mother, *Lowell Massachusetts*

(Signature),

Eun A. Bagshaw

Physician.